

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-032733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 2048

Primary Registration District No. 2048

Registrar's No. 204

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Maryville

Length of stay in 1b

3 wks

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION ST FRANCIS HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Nodaway

c. CITY
OR TOWN MaryInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
314 W. 7th.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Roy

Middle

D.

Last

Wilson

4. DATE OF DEATH

Month

Day

Year

9-6-1965

5. SEX

MALE

6. COLOR OR RACE

Cau

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-16-1919 54

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Heavy Equip. Worker

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Graham Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Milton Wilson

13b. MOTHER'S MAIDEN NAME

Nell Eckles

14. NAME OF HUSBAND OR WIFE

✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, for or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

45 Mrs. Faye Hill - Maryville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Decompensation

INTERVAL BETWEEN ONSET AND DEATH

3 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cor Pulmonale

DUE TO (c)

Pulmonary Emphysema

3 wks

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/2/65 to 9/6/65 and last saw her alive on 9/6/65
Death occurred at 11:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Burial 9-8-1965 Graham Cem. - Graham Mo. -
Hickson - Maryville, Mo.

9-8-65

Beas Hall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 6 1965

OCT 4

1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

G. M. Atkinson

Licensed Embalmer No.

2279

P. O. Address

Marquette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.